



Georgia Department of Motor Vehicle Safety

2206 East View Parkway • Conyers, Georgia 30013 • 678.413.8650

Consent for Background Investigation

Must submit original – Copies not acceptable (Erasures, whiteouts or other corrections/changes VOIDS this document).

Applying for: ☐ Driver Training School License ☐ Driver Training Instructor License

DMVS USE ONLY

FILE NUMBER	DATE APPLICATION RECEIVED:	BACKGROUND		OFFICE USE ONLY
		D DRIVER'S HIST	<input type="checkbox"/> P <input type="checkbox"/> F	
OFFICE USE ONLY		D CRIMINAL HIST	<input type="checkbox"/> P <input type="checkbox"/> F	

General Information

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY)	
Driver's License Number (Include ALL zeros) Issue date (Exam date)		State of Issuance	Social Security Number	Home Phone Number
Current Home Street Address		City and State		Zip Code
School Name		School Phone Number		
School Street Address		City and State		Zip Code

Criminal/Driving Record

1. Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole, for any crime, whether felony or misdemeanor, in this state, any other state, or in the federal system? ☐ Yes ☐ No
2. Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No
If you are now charged, under indictment, or have court hearings pending for any charges, give details:

Applicant Certification

I hereby apply for a License (to operate a Driver Education School and/or to become a Driver Education Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a license. I further authorize the DMVS and its agents to view my driving history and criminal record at any time during which I possess this license. I understand that false, misleading, or incomplete information on my application or on this Consent Form, may result in license denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature	Date
This application MUST be notarized Subscribed to and sworn before me:	<u>SEAL OR STAMP</u>
Notary Signature	Date
My commission expires:	